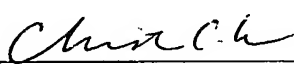
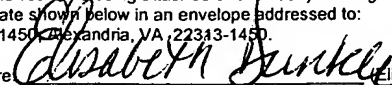
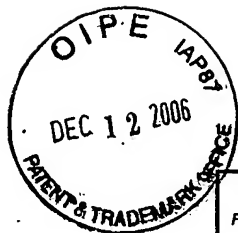


12-14-06

IFW

| <b>TRANSMITTAL LETTER</b>  |   |   | Docket No.<br>48151DIVC(70342)    |                                 |          |
|--|---|---|-----------------------------------|---------------------------------|----------|
| Application No.<br>10/606,152-Conf. #3549  | Filing Date<br>June 24, 2003              | Examiner<br>B. L. Coleman   | Art Unit<br>1624                  |                                 |          |
| Applicant(s): Hidefumi Yukimasa et al.   |   |   |                                   |                                 |          |
| Invention: BENZOXAZEPINE COMPOUNDS, THEIR PRODUCTION AND USE   |   |   |                                   |                                 |          |
| <b>TO THE COMMISSIONER FOR PATENTS</b><br><br>Transmitted herewith is a petition for extension of time and fee transmittal for the above-identified application. A continuation application is being filed concurrently herewith and in lieu of a response to the Office Action dated June 14, 2006.<br><br>The fee has been calculated and is transmitted as shown below.   |   |   |                                   |                                 |          |
| <b>CLAIMS AS AMENDED</b>   |   |   |                                   |                                 |          |
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid   | Number<br>Extra Claims<br>Present | Rate                            |          |
| <b>Total Claims</b>  |   | - 20 =  |                                   | x                               |          |
| <b>Independent Claims</b>  |   | - 3 =   |                                   | x                               |          |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |   |   |                                   |                                 |          |
| <b>Other fee (please specify):</b> Extension for response within fifth month   |   |   |                                   |                                 | 2,160.00 |
| <b>TOTAL ADDITIONAL FEE:</b>   |   |   |                                   |                                 | 2,160.00 |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span><br><input type="checkbox"/> No additional fee is required for this amendment.<br><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>2,160.00</u> .<br>A duplicate copy of this sheet is enclosed.<br><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.<br><input checked="" type="checkbox"/> Credit any overpayment.<br><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. |   |   |                                   |                                 |          |
| <br>Christine C. O'Day<br>Attorney/Agent Reg. No.: 38,256<br><br>EDWARDS ANGELL PALMER & DODGE LLP<br>P.O. Box 55874<br>Boston, Massachusetts 02205<br>(617) 439-4444   |   |   |                                   | Dated: <u>December 12, 2006</u> |          |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 809 100 419 US, on the date shown below in an envelope addressed to:<br>MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450.   |   |   |                                   |                                 |          |
| Dated: December 12, 2006   |   | Signature  (Elisabeth Dunkle) |                                   |                                 |          |

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|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2006</b> |  | <b>Complete if Known</b> |                        |
|  |  | Application Number       | 10/606,152-Conf. #3549 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Filing Date              | June 24, 2003          |
|  |  | First Named Inventor     | Hidefumi Yukimasa      |
|  |  | Examiner Name            | B. L. Coleman          |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                     | 2,160.00               |
|  |  | Art Unit                 | 1624                   |
|  |  | Attorney Docket No.      | 48151DIVC(70342)       |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer &amp; Dodge LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                         |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments   |

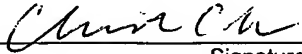
|   |             |                       |  |                       |                           |                       |                |
|---|-------------|-----------------------|--|-----------------------|---------------------------|-----------------------|----------------|
| <b>FEE CALCULATION</b>  |             |                       |  |                       |                           |                       |                |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |             |                       |  |                       |                           |                       |                |
| Application Type  | FILING FEES |                       | SEARCH FEES                                      |                       | EXAMINATION FEES          |                       | Fees Paid (\$) |
|   | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)   | Small Entity Fee (\$) | Fee (\$)                  | Small Entity Fee (\$) |                |
| Utility   | 300         | 150                   | 500  | 250                   | 200                       | 100                   |                |
| Design  | 200         | 100                   | 100  | 50                    | 130                       | 65                    |                |
| Plant   | 200         | 100                   | 300  | 150                   | 160                       | 80                    |                |
| Reissue   | 300         | 150                   | 500  | 250                   | 600                       | 300                   |                |
| Provisional   | 200         | 100                   | 0  | 0                     | 0                         | 0                     |                |
| <b>2. EXCESS CLAIM FEES</b>   |             |                       |  |                       |                           |                       |                |
| Fee Description   |             |                       |  |                       |                           | Small Entity Fee (\$) | Fee (\$)       |
| Each claim over 20 (including Reissues)   |             |                       |  |                       |                           | 50                    | 25             |
| Each independent claim over 3 (including Reissues)  |             |                       |  |                       |                           | 200                   | 100            |
| Multiple dependent claims   |             |                       |  |                       |                           | 360                   | 180            |
| Total Claims  |             | Extra Claims          | Fee (\$)   | Fee Paid (\$)         | Multiple Dependent Claims |                       |                |
| _____ - 20 = _____  |             | x _____               | = _____  |                       | Fee (\$)                  |                       | Fee Paid (\$)  |
| HP = highest number of total claims paid for, if greater than 20.   |             |                       |  |                       |                           |                       |                |
| Indep. Claims   |             | Extra Claims          | Fee (\$)   | Fee Paid (\$)         |                           |                       |                |
| _____ - 3 = _____   |             | x _____               | = _____  |                       |                           |                       |                |
| HP = highest number of independent claims paid for, if greater than 3.  |             |                       |  |                       |                           |                       |                |
| <b>3. APPLICATION SIZE FEE</b>  |             |                       |  |                       |                           |                       |                |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |             |                       |  |                       |                           |                       |                |
| Total Sheets  |             | Extra Sheets          | Number of each additional 50 or fraction thereof |                       | Fee (\$)                  | Fee Paid (\$)         |                |
| _____ - 100 = _____   |             | /50                   | _____ (round up to a whole number) x _____       |                       | = _____                   |                       |                |
| <b>4. OTHER FEE(S)</b>  |             |                       |  |                       |                           |                       |                |
| Non-English Specification, \$130 fee (no small entity discount)   |             |                       |  |                       |                           | Fees Paid (\$)        |                |
| Other (e.g., late filing surcharge): <u>1255 Extension for response within fifth month</u>  |             |                       |  |                       |                           | 2,160.00              |                |

|                     |                    |                                   |                   |
|---------------------|--------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                    |                                   |                   |
| Signature           |                    | Registration No. (Attorney/Agent) | 38,256            |
| Name (Print/Type)   | Christine C. O'Day | Telephone                         | (617) 439-4444    |
|                     |                    | Date                              | December 12, 2006 |

|   |                                |
|---|--------------------------------|
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 809 100 419 US, on the date shown below in an envelope addressed to:<br>MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                |
| Dated: December 12, 2006  | Signature:  (Elisabeth Dunkle) |

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|   |   |   |                         |
|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | <b>Docket Number (Optional)</b><br>48151DIVC(70342) |                         |
| <b>Application Number</b> 10/606,152-Conf. #3549  |   | <b>Filed</b> June 24, 2003                          |                         |
| <b>For</b> BENZOXAZEPINE COMPOUNDS, THEIR PRODUCTION AND USE  |   |   |                         |
| <b>Art Unit</b> 1624  |   | <b>Examiner</b> B. L. Coleman                       |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>  | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120   | \$60                    |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450   | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020  | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590  | \$795                   |
| <input checked="" type="checkbox"/>   | Five months (37 CFR 1.17(a)(5))   | \$2160  | \$1080                  |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 38,256   |   |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |   |   |                         |
| <br>Signature  |   | December 12, 2006<br>Date                           |                         |
| Christine C. O'Day<br>Typed or printed name   |   | (617) 439-4444<br>Telephone Number                  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |   |                         |
| <input type="checkbox"/>  | Total of 1 forms are submitted.   |   |                         |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 809 100 419 US, on the date shown below in an envelope addressed to:  
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 12, 2006

Signature:  (Elisabeth Dunkle)

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